STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

RECEIVED

APR 18 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

1. Name of Lobbyist(s) Carleton B. Simpson	NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's partnership, firm or corporation, if any:	
Uniti (Corporation) (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	
6 Liberty Lave West Haupton NH Business Address: (Street) (Town/City) (State)	03842 (Zin Code)
(603) 379-3848 () e-mail Simps	sonc Punitil. com
III. This statement covers: (Choose one – file separate reports for each client, OR you n reportable expense transactions which are not attributable to any one client).	nay file a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to	the following client:
Unitil Coporation (Full Name of Client as it appears on the Lobbyist Registration Form)	
OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbyist unrelated to any particular client.	ng firm listed below which are
IV. Date of Report April 24, 2019 July 31, 2019 D Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/1	19
October 30, 2019	
V. There have been no fees received and no reportable transactions made since If this box is checked, complete just this form and submit it to the Secretary of State's Office, Concord, NH 03301.	
VI. Check if additional reports are attached:	
1 If you have received fees or made expenditures, you must file Addendum A-Fees and	Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Addend	dum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the and complete to the hest of my knowledge and belief. (Signature of lobbyist)	e foregoing information is true
Carl ton B. Simpson (Brint Name of lobbyist)	••••

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Carleton B. Simpson	
II. Name of lobbyist's partnership, firm or corporation, if any: (Name of partnership, firm or corporation)	
III. Name of Client Unit) Corporation	Date 04/18/2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 9,375
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 9375
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid apenses; (b) the aggregate total of all er meals purchased during a business st than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for it of greater than \$25.00 for it of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 12,500 b) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ь) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) S 12,500
c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns 12,500
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Print Name of lobbyist)	that the foregoing information $\frac{04/18/20(9)}{(\text{Date})}$
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P	1. Name of Lobbyist(s) Carleton B. S. wson				
L E	II. Name of lobbyist's partnership, firm or corporation, if any:				
Α					
S E	(Name of partnership, firm or corporation)				
P	III. Name of Client Unit Corporation Date 04/19/2019				
R I N T	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:				
	Full name of candidate: Feltes Daw (Middle Name/Initial)				
	Amount of contribution \$ 150.00 Office Candidate is Seeking State Square				
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."				
	Full name of candidate: Coide Pobert J. (Last Name) (First Name) (Middle Name/Initial)				
	Amount of contribution \$ 100.00 Office Candidate is Seeking State Seache				
If the contribution is an in-kind contribution, provide a description of the goods or services provided actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost enter an estimated value and the word "estimate."					
	Full name of candidate: Uniters David (Last Name) (First Name) (Middle Name/Initial)				
	Amount of contribution \$ \00 \00 \ OD \ Office Candidate is Seeking Stark Sandte				

If the contribution is an in-kind contribution, provide a desactual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional co	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he	•
is true and complete to the best of my knowledge and	belief.
is true and complete to the best of my knowledge and (Signature of lobbyist)	OU//8/28/9 (Date)

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbýist

Statement of Income and Expens	es.tor:		
Name of Lobbying partnership, firm,	or corporation:	Unitel Cor	Poration
Name of Client (leave blank if Statem			rporation and not related to any
particular client):			
Date of Report (check one):			
April 24, 2019 July 31, 201	9 🗆 Octo	ber 30, 2019 □	January 29, 2020 □
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted submitted):	A 664, the State with that State	ment of Income and ment (insert the num	Expenses described above, and the of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).		·	
I hereby swear or affirm that the fore complete to the best of my knowledge		ion on the Statement	and each Addendum is true and
Coulot R. Sun		_0	4/18/2019
(Signature of lobbyist)			(Date)
Carloth B. Simps	<u> </u>		-
(Print Name of lobbyist)			